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PSEUDARTHROSIS OF THE FEMUR—OSSIFIC UNION EFFECTED BY A RESECTION OF THE FRACTURED EXTREMITIES OF THE BONE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—If you please, you may insert in your valuable Journal the following account of a fracture of both femurs; the treatment—unfavorable; result, resection of the fractured extremities of the right femur, &c.; which case to me has been very interesting, as well as to our community in general.

On the 15th of January, 1849, William Robertson, a young man about 20 years of age, who lived in Conway, N. H., but who was at the time at work in Albany, had both of his thigh bones broken in the following manner. Being near a large barn during a heavy gale of wind, a portion of the roof blew off, which came down, and striking him upon the back, pitched him forward upon his face, where he lay in an insensible state, as near as could be ascertained, for about five minutes before he was found; which, by the way, was providential, as no person knew his perilous condition, until the owner of the barn removed from the fallen portion of the roof a board, in order to obtain some nails to secure some other part of the building. Robertson happened to lie immediately beneath the board which was removed, and thus his body was discovered. He remained insensible for some time after he was removed to a house near where the accident occurred.

A surgeon was sent for at the distance of twelve miles, who reached the place in about six hours after the injury. Upon examination, it was found that both femurs were broken, the left at the lower part of the upper third of the bone, and the right about three inches below the great trochanter. The surgeon decided that the left femur was fractured *obliquely*, and that the right was fractured *transversely*; but the reverse was evidently the true nature of the fractures. An examination of the left femur in its present condition, would satisfy any expert surgeon that it was fractured transversely; and an ocular examination of the fractured extremities of the right femur, a portion of which I removed in the operation about to be described, will satisfy any surgeon that it was fractured obliquely.

The fractures were treated as follows. Each leg was placed upon a double-inclined plane splint, although the legs were kept in a straight position for four weeks after the injury, this kind of splint not being used, as it would seem, in order to make any extension by flexing the leg, but to prevent the knee from becoming stiff, &c. No extension whatever was made in the treatment of the right leg, as it was considered a transverse fracture; and no other means of extension applied to the left, save one turn of a bandage above the knee, which was attached to the side of the splint below the knee. Short wooden splints, about eight inches in length, were placed around the fracture on each leg, with bandages, &c. The foot was not confined in any way, except it was prevented from lateral motion by strips of cloth attached to the foot and reaching to upright pieces of board on each side of the main splint opposite the foot. No means were used to prevent the motions of the body, or to confine the hips. The patient was placed upon a straw bed, raised when the bed pan was used, and the nurse was allowed to raise the body of the patient erect, when he desired it, provided he would do it *carefully*. In this condition the patient remained about four weeks, and he was then removed from Albany to Conway, a distance of sixteen miles, upon an ox sled. The patient was not aware of any injury by his removal. The splints were continued upon the legs for about six weeks after the patient was brought home; but when they were taken off, and the legs examined by another physician, it was found that the left leg had firmly united by ossific union, but had shortened about three inches, while the right had not united at all, and shortened about three and a half inches. One circumstance I would mention, which would serve to embarrass an ossific union of the bones, had they been at first properly adjusted, and proper splints and dressings applied. The patient had a very serious impediment of the speech—his whole body, especially when in a recumbent position, being considerably agitated by every attempt at articulation.

Some time in April last, a surgeon in this State being consulted, attempted to produce an ossific union in the right femur, by friction, or by forcibly rubbing the fractured extremities of the bone together, and by the re-application of splints, which were used a sufficient time to satisfy the surgeon that this mode of treatment would not accomplish the object desired.

In August last, I was called to visit and examine the patient. I found the left leg shortened as before stated, though the fractured extremities of the bone had remained in co-aptation, the shortening of the limb being occasioned by the contraction of the muscles, which, by carrying the extremities of the bone outwards from the natural line of the thigh bone, an angle was formed with the said line of the bone of about 160 degrees; thus allowing the limb to shorten as before stated. An inquiry may be raised here, how it could be accurately ascertained, both legs being shortened, how much either had shortened? I answer that I know how much of the right femur was taken from its length, in the operation I have performed; and hence, by admeasurement, or by comparing the length of the two legs, I can correctly give the shortening of the left leg, as they are now of equal length.

The right femur, as before stated, was shortened about three inches and a half, the lower fragment underlapping the upper, and passing beyond the great trochanter about one half inch. The right foot and leg could be twisted or turned nearly about, while the upper fragment remained fixed. Pressure being made upon the foot, the leg would shorten about an inch and a half more than it was when there was no weight borne upon the foot, or when it was in a horizontal position, the lower fragment gliding by the upper that distance by the application of force. So that it will be seen that the limb could never be made, without some operation, to answer any purpose in walking. The fragments of the bone seemed to be separated at considerable distance, muscular tissue intervening. Hence I became fully satisfied that there could be but little hope of producing ossific union, either by friction or the seton.

The young man being constitutionally healthy and robust, the left femur having united by bone under such unpropitious circumstances, and he having a great desire to be made whole, I was induced to propose a resection of the fractured ends of the bone, and an attempt to effect an ossific union in this way. The patient and friends at once consented to the operation, which was deferred until October, accommodating the time to the weather, &c. Accordingly, on the 23d of October last, I performed the operation, the steps of which I will briefly name. After making due preparation, which consisted in preparing a bed of suitable length, and wide enough merely to receive the body with the arms at the side, made in the fashion of an X bedstead, with sacking, the upper part of which, that is, from the head to the hips, being covered with board, upon which was placed a cotton mattrass, with a semi-circular section taken from its centre, corresponding with a section from the board beneath it, to allow the passage of the fæces, &c. to pass into a vessel beneath the bed; two soft, but unyielding leather pads, upon which the hips were to rest; a frame splint, built upon upright standards, so as to be as high as the mattrass, with cloth for the thigh and leg to rest upon, which could be straitened or slackened at pleasure by lacings at the side, the splint having a foot piece to which the foot was to be confined, and capable of being bent at the knee joint when necessary; some stays, made of strong cloth, adapted to the form of the body from the axilla to the hip joints, to be laced up in front, with three strong straps on each side, attached one to the upper part to be secured to the head of the bedstead, another to the side of the bed rail opposite the waist, and another passing obliquely downwards to the side rail to prevent the upward motion of the body. With this preparation, and what else is usually necessary for such operations, the patient was placed upon a table upon his left side, supported by a number of assistants, and the right foot and leg being carried across the left and firmly held, I made an incision about seven inches in length through the integument directly over the bone, that is, from about two inches above the hip joint downwards, completely exposing the muscular tissue (vastus externus), which enveloped the bone at the point of the operation. I found each extremity of the bone had been somewhat absorbed or rounded, the ends closed up or coated with bony matter, although the form of the fracture was perceived to have been oblique, as before stated. There appeared to be a ligament attached to the end of the lower fragment, which was also attached to the integument or soft parts above the hip joint where the end of the bone rested. Having previously determined by admeasurement how much bone should be removed to render the legs of equal length, I proceeded to expose by dissection the end of the upper fragment, which it will be recollected was only about three inches long. It being so near the hip joint, I purposed to remove only what was necessary to square the end of the bone. After a little dissection, I was enabled to pass around the bone a chain saw, by means of which I removed about one half inch of bone from the upper fragment, which was sufficient for my purpose. I was then enabled to carry the foot and leg more directly across the other, which gave me free access to the end of the lower fragment. I exposed by dissection about two and a half inches of the bone, which I very easily removed by a common amputating saw. It will be recollected that this leg, in its ordinary position, was about one half inch shorter than the other. Hence by removing but three inches from the length of this bone, I was enabled to extend the leg that one half inch, which circumstance was much in my favor, as the muscles being put upon the stretch, and the ends of the bone being placed in co-aptation, they held the two fragments of bone together firmly as soon as they were adjusted. This circumstance rendered it unnecessary to make use of silver wire, as practised by Dr. Mott in a similar case, to hold the ends of the bone together. To omit this would be very desirable, inasmuch as the bone must, in the use of the wire, be much more liable to necrosis, than it would be without it. I relied therefore upon the contraction of the muscles, and the adaptedness of my bed and splint to the case, to keep the extremities of the bone in apposition, and the result has proved that my confidence in these agencies was not misplaced. Holding the ends of the bone between my thumb and fore-finger, the patient was placed upon the mattrass and splint, the wound cleansed thoroughly, sutures inserted, plasters and bandages applied, &c. It is proper to remark that the body of the patient was secured in the stays above referred to, and the straps secured to the bed rails, so that the body could neither be moved laterally, up or down. The splint upon which the leg was placed was confined to the bed immovably at the upper part. A piece of oil cloth was placed above the pad which lay under the thigh, in order to protect the pad and clothes from the discharge of the wound. The wound being on the outer and under side of the thigh, was easily dressed, and the matter allowed to escape without accumulation. I placed upon the upper, inner and outer side of the thigh wooden splints, curved to the form of the thigh, padded, and with wire loops fastened upon the outside of each, through which passed the straps which were attached to each side of the frame of the main splint, for the purpose of securing steadily all the splints together in their relative position. By this arrangement, and with the many-tailed bandage around the thigh, I could daily examine the wound, and ascertain the position of the bones, cleanse the whole leg, &c., without disturbing the limb in the least. The foot, by means of a gaiter, was secured to the foot-piece of the splint. Thus it will be seen that the whole limb was securely attached to the main splint, the main splint to the bed, and the body of the patient securely confined to the bed. Flannel was used to cover the mattrass next to the body, and his shirts made without a back. The limb was frequently moistened with cold water for about three weeks, that is, as long as the inflammatory symptoms appeared to be excessive. The head of the bed being raised, the matter mostly discharged at the lower part of the wound, as I wished to avoid too much inflammation about the hip joint.

For about three weeks after the operation, there was considerable febrile excitement, the pulse rising sometimes to about 120. The discharge from the wound soon, however, reduced the inflammatory symptoms, and I found it necessary to support the system by tonics. After the first three weeks, the patient was uniformly comfortable, resting well by night, and his food giving him no uneasiness whatever. The quality and quantity of his food was cautiously adapted to his condition, and his bowels kept pervious. He has been extremely cheerful during his confinement, and much more comfortable than we anticipated before the operation. No part of the limb or body has been chafed during his confinement. The wound has gradually healed, beginning at first around the bone, thereby excluding the air from the bone, until it is now about closed, discharging but a few drops daily; and I am happy to say that the bone, after a confinement of fifteen weeks, has firmly united just as I placed it after the operation, the legs are of equal length, the joints are neither stiff nor inflamed, and the patient has borne his weight upon the right leg without pain or uneasiness in the leg or joints. He is so much rejoiced at the result of his case, that I can scarcely restrain him from running.

Sometimes, in comparing the right with the left leg, the latter suffering so much in the comparison, he concludes that by another year he shall be ready to take the bed and have the left leg straitened, provided I would consent to undertake the operation. This operation is truly a formidable one, and should not be undertaken except under the most favorable circumstances. Yours, truly, **James M. Buzzell.**

Limerick, Me., Feb. 4, 1850.

P. S.—I forgot to mention that Mr. Robertson's impediment of the speech was cured by Dr. Forbes's method, the day previous to the operation. J. M. B.

THE DUTY OF MEDICAL MEN WITH REGARD TO HOMŒOPATHY.

[On all proper occasions, it has been frankly declared, in this Journal, that we have no confidence whatever in homœopathy. A multitude of practitioners, however, educated in the same school of medicine with ourselves, have become converts to the new system. Many of them—and the writer of the following article among the number—are above suspicion or reproach: their honesty of purpose cannot be questioned. To show that no hostility exists against them because of this wide difference of opinion in regard to the theory and treatment of diseases, and that the profession may know the alleged grounds of their belief in the homœopathic doctrine, their communications are occasionally admitted. Toleration is the spirit of the age, and in practising it we do not consider that we compromise or yield an inch of ground.—Ed.]

[Communicated for the Boston Medical and Surgical Journal.]

The most important object of medical science, is the cure of disease; and that physician, and that medical journal, will most advance this object, who, and which, lay aside "the maintenance and defence" of any "system of medical practice," and seek by a careful and candid examination of passing facts as well as those gathered by "the accumulated experience of ages," to discover the law of cure. That such a law exists in nature is a rational deduction from analogy, as laws of action or relation have been discovered in every department of science, that has made much progress in improvement; and the more general the law, the more accurate the deductions, and the more readily its principles have been made applicable to purposes of utility.

That a law is not known for the therapeutical application of medicine —or at least is not generally recognized by the profession—is inferred, from the frequent and often contradictory changes in practice, requiring the physician to keep thoroughly "posted up" in order to be *au fait* with the fashionable system or remedy of the time. To be convinced of this truth, it needs only a glance at the history of therapeutics, during the half century now near its close—a period of most brilliant advance in anatomy, physiology, pathology, diagnosis, chemistry, and all the auxiliary branches in the science, and yet a period as vacillating and unsatisfactory in useful results, as any like portion of time, during the twenty-five centuries that medicine has been cultivated as a science; a period which at its commencement found the profession in full possession of public confidence, but closes upon it "violently shaken and disturbed" and "greatly lessened and impaired."

Such a consequence naturally arises from the vast strides that the human mind has taken during that time. The authority of great names has passed away. The people ask for "bread," and will not be satisfied with a "stone." When sick, they desire a cure—not a disquisition on anatomy or physiology—or to become subjects of admirably performed *post-mortem* examinations. Few, indeed, are ambitious to figure as heroes of pathological observations. It is not sufficient that Rush and Gallup sanctioned an almost unlimited use of the lancet; that Hamilton gave to cathartics a prominence which has been carried forward by empiricism, till it would seem as if the world thought, that to evacuate the alimentary canal constituted the "the chief end of man;" that Abernethy made a panacea of blue pill; that Broussais opened a crusade against disease, with leeches and fomentations to the abdomen, and gum-water and starvation for diet—all these and countless others of minor fame, they have seen wax and wane, till, sick of experiment after experiment, fruitless of certainty in practice, they desire "a law of cure"—a standard of unerring certainty for the application of remedies to disease.

It would seem that sufficient correct observations have been accumulated during the progress of medicine to suggest the discovery of such a law. Our libraries groan with the weight of accumulated matter of this kind, and when we recollect that an attentively observed natural phenomenon—the falling of an apple—was adequate in the mind of Newton to suggest the law of gravitation, a law that controls the movements of the material universe,

> "Extends through all extent,
> Spreads undivided, operates unspent,"

why is it not rational to infer that a relation exists between remedies and disease, that, once discovered, shall teach us to adapt the one to the other, with the certainty of mathematical calculation? Is there less of order in the physiological movements of the animal system, than in the motion of the planets? less in the pathological, than in their perturbations? It only needs this single link, to give to medical science an impetus that shall raise it to that standard of perfection of which Bacon had so distinct a conception; a standard that would do away the necessity of annually discussing its certainty, and of labored efforts to prove its utility.

A class of physicians, now becoming somewhat numerous, assert that such a law is found in *similia similibus curantur*; and upon this principle they have laid the foundation of a system, which having attained the age of half a century, and spread itself over a large portion of the civilized world, seems destined to make an extended experiment and stand or fall by the test.

The inception and progress of this system has been different from that of those doctrines termed empirical, not only in being founded in a general law the truth of which can be proved or disproved by its adaptation to observed facts; but in having been originated and sustained by men of intelligence, acquainted with the various departments of medical science, accustomed to observe disease, and adequate to make rational deductions from their observations. Would such men have been likely to engage in a system of imposture? or if deluded, would they have been able to sustain themselves, side by side, year after year, with those engaged in the legitimate practice of a long established system? If homœopathy be really baseless and visionary, if it bear "the same relation to the science of medicine that nothing does to something," if its practice only afforded an opportunity to study the natural history of disease, while in its midst, the legitimate profession, by untiring effort, and brilliancy of discovery, are advancing with the strides of a colossus, would any portion of the intelligent part of community continue their patronage through a series of years, and, without benefit, in a matter of facts—not faith—give their aid and money to aid imposture or delusion?

The law of cure suggested and for many years sustained by Hahnemann having made thus much of progress, the inquiry naturally suggests itself, what is the duty of physicians with regard to the matter? Medical men are preëminently the guardians of the public health, and can hardly remain neutral on a question affecting the lives of the community. They have assumed a responsibility of which they cannot divest themselves at will. A law, the design of which is to erect a perfect standard for the application of remedies to disease, is suggested. Its discoverer a man of distinguished and unquestioned talent; its advocates men of intelligence and character, and their testimony unimpeached. They have accumulated facts sufficient to attract the attention of the public, and secure the confidence of numerous practical witnesses. Are these facts unworthy of notice by the profession? Is it consistent with the liberality of science "to fly into a passion at the bare mention of the name," to "denounce alike those who practise upon that system, and those who read a line upon the subject," to give a "wordy cudgelling" to any editor of a medical journal who happens to possess sufficient independence of mind or liberality of sentiment to notice the labors of those who believe in its truth? or is it, to give the subject a candid investigation, to try its truth practically, and in accordance with the direction of its professors? The latter would appear the more consistent, inasmuch as the law of specifics can only be tested by experience. Attempts to disprove, by reasoning, the truth of any law, when we have no perfect standard by which to test our conclusions, are extremely unphilosophical, inasmuch as they amount only to an assertion that things cannot be so, because they happen to contradict preconceived views, founded upon an experience entirely disconnected with the question. The professor of Padua, who refused to look into Galileo's telescope, because the demonstration of Jupiter's satellites would overturn his favorite philosophical dogmas; and the Indians who rejected the testimony that water ever became solid, because contrary to their observation, illustrate the futility of our dependence upon preconceived views as a test of the truth or value of new discoveries; and such has been the influence of habits of thought, such the inordinate arrogance of science, that the most learned have too frequently been found the most illiberal with regard to progress; and those to whom the world should look with confidence, for instruction, have almost uniformly been arrayed against the great discoveries of every age.

The objections usually urged against making a trial of homœopathic remedies, are—

1st.—We are not in possession of sufficient proof of the truth of the law *similia similibus curantur.*

What law, at its first suggestion, ever did possess sufficient evidence of its truth, if we except those of number and magnitude, which are capable of instant demonstration. Those independent of human agency, as gravitation, we learn by observation, and the testimony of man is not called into requisition; while others of mixed character, requiring experiments or the questioning of nature to develope the law, can only be proved to the majority by human testimony. On this basis rest all medical facts; and the young physician enters upon his practice, guided only by the testimony of those who have gone before him. He assumes the responsibility of becoming the guardian of health and life, with the opinions and prejudices of those who may have directed his education. To him in reality every prescription is an experiment—a leap in the dark; and however thoroughly educated he may be, if directed by no certain law of cure, his progress is vacillating and undecided till accumulated experience serve as a lamp to his feet.

2d.—That the doses are so small that they cannot possibly produce any sensible effect upon the system.

A fair discussion of this objection, would require more room than can be devoted to it in this paper. There is also more discrepancy on this subject among homœopathists, than any other. The dose of remedies necessary for the cure of disease can be determined only by experience; and reasoning founded upon what we may consider proper evidence of medicinal effect, can never become a standard to settle the truth of a proposition directly opposed to our habits of observation. We have considered medicinal effect and morbid effect synonymous, and have looked to the latter as the *sine qua non* of the former. We have labored to cure indirectly by substituting the morbid effects of remedies for disease. Guided by this phantom of an ideal necessity, we have sought to cure, through the agency of the death-like deliquium of the lancet—the depressing nausea and rending retch of the emetic—the sickening gripe of the cathartic—the scorching bulla of the epispastic—or the stupid insensibility of the narcotic, till it has become difficult for the mind to recognize the fact of a medicine producing any effect upon a diseased tissue, without our seeing its morbid effects. The profession scout the idea of specific cures, with one or two exceptions, and look upon disease as the heathen looks upon sin, to be commuted for only by bodily torment, and still ask for the evidence of the operation of remedies, when the cure has been wrought quietly. The testimony of restored health is not sufficient to satisfy of the utility of the practice. The patient like gold must have been purified by fire, or the change has been the work of unassisted nature.

It is perhaps useless to pursue this subject farther. The medical profession have a solemn responsibility resting upon them with regard to homœopathy, and the public are most significantly demanding a faithful performance of duty at their hands. The sneer of contempt, the pointless shaft of ridicule, are no longer sufficient to satisfy, where such important interests are at stake. The general feeling of the people, the dictates of sound philosophy, seem to require a candid practical investigation of the subject; and that investigation, if entered upon and pursued with the liberality of science, whatever may be the fate of the system investigated, whether homœopathy rise or fall, cannot but redound to the interests of truth.

Troy, N. Y., January 24, 1850. S. A. C.

PENCILLINGS FROM ABROAD.

BY EDWARD M. FIELD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Much has been done by the inhabitants of London, since the fearful epidemic of last summer, to prevent, if possible, a recurrence of the evil in future. Miles of sewers have been cleansed of their accumulated filth, thousands of dwellings have been purified and rendered comparatively habitable, and numberless dens of wretchedness and crime—the very breeding-places of contagion—have been broken up. Health committees have been formed to visit from house to house—physicians have been commissioned to administer gratuitous relief to the indigent sick, and nurses employed, by kindly aid to fan into existence anew the flickering flame of life, or soothe and tranquillize the last moments as they wane. All this is very well, and may advantageously be imitated by other cities which contain the *materiel* for pestilence, or present opportunities for the exercise of benevolence. But while the lesser evils have been attended to, those of greater magnitude have been neglected. Two wide avenues have been left open, through which this Giant of Epidemics may again enter the metropolis, and recommence its work of devastation. I allude, in the first place, to the practice of intramural interments and burials in vaults beneath churches, and in the second place to the source from which water is supplied to the city.

It was customary, during the last epidemic, to dig graves twelve or fifteen feet square, and eight or ten feet deep: these pits were kept open for days, or until they had received their full complement of tenant corpses, amounting in some instances to a hundred and fifty. In the mean time the work of decomposition went on—the hot summer sun lent its powerful assistance, and the winds of heaven carried the nauseating effluvia into the dining-rooms, the sleeping-rooms and the parlors of the numerous adjacent dwellings. The death of the celebrated surgeon, Charles Aston Key, was ascribed to this cause, who, shortly before his fatal attack, expressed his disgust at the offensive odor which had filled his house from a neighboring church-yard. Nor was this all; the graves thus formed for the reception of new cholera victims, was simply the expulsion from their resting-places of half-decomposed relics of humanity, and saturated fragments of coffins. It was customary for sextons to thrust down an iron rod before they commenced digging; if the coffin of the present occupier was pierced by the thrust (and the attempt was usually successful if they bethought them of their fee), the place was usually adjudged to be vacant, and preparations were made for a new interment. On one occasion a sexton, whose diagnosis with the iron rod had failed him, was observed with his spade severing limb from limb a yet undecayed corpse! The earth (if it might be considered such), thus turned up, was of a pitchy blackness, and after being exposed for a time to atmospheric influence, emitted far and wide a most horrible and death-bearing fœtor, sufficient to nauseate even a goule or vampire. So, at the time to which I allude, it was no uncommon thing, on a Lord's-day morning, to find in the vaults of a church newly bursted coffins, whose mephitic exhalations had of course ascended into the body of the church to be inhaled by a worshipping congregation! The evil results of such burials began to be perceived, and wisely many church yards and church vaults were sealed up. But such was not generally the case; and it was only last week that I observed, while passing St. Pancras church yard, a large pit containing twenty-five or thirty corpses, which was not to be closed until it had received as many more. Although no epidemic at present exists and the immediate effects are not so obvious, still such things savor strongly of the dark ages, and of the want of decided reformation in this respect.

It is well known that the innumerable under-ground sewers and cesspools of London communicate with the Thames, and it is equally well known that the water with which the metropolis is supplied, is derived immediately from the Thames; the obvious inference is, that the water must be impure, and consequently, if not productive of, at least a powerful auxiliary to, disease. How is it possible to have faith in filters, when the filthy flushings of three millions of inhabitants are added to the already suspicious stream? It was hinted last summer that this might be one cause, at least, of the malignity of the epidemic; and a young microscopist, panting for professional laurels, announced the discovery in the Thames water of "peculiar organisms," such as he also found in the evacuations of a cholera-patient. Seriously, however, I think it must be admitted that the free use of such a doubtful fluid is eminently calculated to favor the spread of an epidemic disease. The subject is now publicly agitated, and it is hoped, ere many years have passed, a second Cochituate will surprise the citizens of London with its crystal waters.

London, January 26, 1850.

TRIAL FOR MAL-PRACTICE.

BY W. K. MANNING.

[Communicated for the Boston Medical and Surgical Journal.]

The following is the result of the motion for a new trial in the case of Francis Conant against Dr. Peter Manning, for mal-practice, mentioned in the Journal of May 23d, 1849.

This motion was made upon the ground that the verdict was against the weight of the evidence. It will be recollected that Mr. Conant, who lives in Stow, suffered a very severe injury while driving an ox-team in the town of Lunenburg, in Dec. 1847, the nature of which was particularly described in the number above alluded to; and after having applied for advice and assistance at the General Hospital, and having suffered a most painful operation, which resulted in some improvement in the motion of his limb, he commenced a suit against Dr. M. for mal-practice, and obtained a verdict for $362.50 damages!! The evidence having been fully reported, under the direction of Mr. Justice Dewey, before whom the cause was tried, the motion was argued before the whole court by Mr. Farley for the defendant, and Judge Hoar for the plaintiff. It was contended on the part of Dr. M. that the verdict was so manifestly against the weight of the evidence, that it was the duty of the court to protect him from its injustice—that the testimony at the trial entirely failed to show either want of skill or of professional fidelity in Dr. M.—and there was no evidence of any damage having accrued to Mr. C. from any representations made to him by the doctor—and the verdict must have been the result of prejudice or mistake on the part of the jury. The counsel for Mr. C. endeavored to sustain the verdict mainly on the ground of unskilful or fraudulent misrepresentation of Dr. M. to his patient.

On the 4th inst., Chief Justice Shaw announced the unanimous opinion of the court, that the verdict was clearly against the weight of the evidence, and ordered it to be set aside, and granted a new trial. In giving the opinion of the court, the C. Justice stated that the court, aware of the importance of the case, had carefully examined the evidence, and found nothing that could justify the conclusion that Dr. M. had been guilty of any fault, or had exhibited any want of skill either in the reduction of the limb or in his subsequent treatment of his patient. But on the contrary, the report showed that a most frightful injury had happened to the plaintiff—that his jaw had been badly fractured, his hip joint dislocated, and the socket considerably broken, so as to present one of the most complicated and difficult cases in surgery—and that in the management of the case Dr. Manning had shown a degree of skill beyond what is usually expected in surgeons residing in the country—and suggested that unless a very much stronger case could be made out on a future trial, the plaintiff could not prevail in his suit.

In the course of the argument, it appeared that the surgeons of the Hospital, Drs. Warren, Hayward and others, upon examination of Mr. C., and upon the statement of the facts by both parties, had expressed their opinion of the conduct of Dr. M. in the treatment of the case, and signed a certificate, in which, after reciting the particulars, they say, "That the injuries experienced by Mr. Conant were of a severe nature, and endangered his life—that owing to the skill and attention of Dr. Manning, under Providence, his life was preserved, and his fractured jaw happily restored—that the imperfect restoration of his hip may be attributed, so far as we can judge from the information received as above, to the peculiar nature of the accident, and not to any want of attention on the part of Dr. Manning." In the same certificate they say, "We can also add, that from the conversation we have had with Dr. M., and the questions we have asked him, we are led to believe that few practitioners in the country are better qualified than he is, by their good judgment and experience, for the practice of medicine and surgery."

HYDROCEPHALUS—TAPPING OF THE HEAD.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have transcribed the following case of hydrocephalus in which I resorted to the operation of tapping. It may be thought worth a place in the Journal. Very truly, G. L. Collins.

Providence, *2d mo.* *14th*, 1850.

A female child of Irish parents came under my care 3d mo. 8th, 1849, with hydrocephalus. It was then two months old. Its mother states that she first noticed the enlargement of the head about three weeks since, from which time it has increased quite rapidly. It now measures 19 inches in circumference. The child is in good flesh, and appears well in other respects. The mother is healthy. She lost her husband a few months before the birth of this child, by drowning; at which time she exhibited great mental emotion. I prescribed potass. iodide in grain doses three times a day.

4th mo. 1st.—The medicine has been continued to this time, but the head is still enlarging. It now measures 22 inches in circumference.

The parietal bones at the sagittal suture are separated to the space of two inches. The os frontis is separated from the parietal bone the width of the finger. The same treatment continued.

4th mo. 14th.—The secretion of fluid still going on; the head measuring nearly an inch more in circumference than it did a fortnight ago. I drew off through a small hydrocele trocar nine ounces of a straw-colored serum, which occasioned the walls of the cranium to collapse, so as to leave the skin between the bones loose. The immediate effect upon the child was to produce some prostration and a disposition to yawn, from which it however soon recovered. The former prescription was continued.

4th mo. 21st.—The head is refilling, but is not as large as when tapped a week since. Drew off 12 oz. of serum with former effects. I did not at either time empty the head entirely for fear of producing too great a shock to the nervous system.

4th mo. 27th.—Tapped again—took 6 oz.—Serum rather bloody, some small vessel having probably been wounded by the trocar.

5th mo. 5th.—Fluid accumulating, but more slowly. Circumference of the head 21½ inches. Bowels slightly disturbed—discharges greenish. Child gradually losing flesh—head hotter than usual—skin dry. Prescribed, daily warm bath—cold to head, and add a small quantity of morph. sulph. to former prescription.

5th mo. 12th.—Drew off 6 oz. of clear yellowish fluid.

5th mo. 19th.—Serum *slowly* secreted, *if at all.* Os frontis has approached and laps slightly parietal bones.

6th mo. 5th.—Head increased in size since last report. Drew off 8 oz. of brownish yellow serum. Specific gravity 1010—contains considerable albumen, as shown by testing with nit. acid and heat—has a very decided salt taste.

6th mo. 28th.—Tapped for the sixth and last time—took 12 oz.—making 53 oz. in all. Child gradually failing—growing weaker and thinner, still continues to nurse.

7th mo. 20th.—Died. The head measures 22 in. in circumference. For a week previous to death it was partially comatose—the day before it had frequent spasms, which were principally confined to the lower extremities. For a few days previous to death the discharges from the bowels were very frequent and greenish.

RECOLLECTIONS OF BARON LARREY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Having lately read for the second time, and with renewed pleasure, the last work of this celebrated surgeon, his "Relation Mèdicale de Campagnes et Voyages de 1815 à 1840," the agreeable recollection of my interview with him in the spring of 1841 came strongly to my mind. Should you deem a short sketch of this visit (taken from notes made at the time) of sufficient interest to your numerous readers, you are at liberty to print it.

I admire the complacency of many of the French savans, who are willing to sacrifice some of their time and convenience to gratify a very natural curiosity in strangers to make their personal acquaintance. For this purpose Baron Larrey devoted an afternoon once in every week, or every two weeks, to the reception of his friends and such strangers as might feel a desire to converse with him. In order to make these visits perfectly agreeable, particularly to foreigners, all ceremony was dispensed with, and no formal introduction was required. On one of these reception-days, accompanied by my excellent young friend, Dr. Loir, of the French army, who was intimate with the Baron, I repaired to his house. The servant who answered the bell showed us into a plain, but neatly furnished anti-chamber, and requested us to take seats. After waiting fifteen or twenty minutes to let some visiters depart who had preceded us, Baron Larrey himself came to the door and invited us into his library, a plain apartment containing an extensive collection of books, with a portrait of Napoleon over the door. His height was about five feet eight inches; he was erect, and his muscular system finely developed; he had regular features, small dark eyes, shaded by heavy black brows rather straight than arched; his lips, particularly the upper one, were elegantly curved and closed accurately without being compressed, which imparted an expression of great firmness and decision without severity. His hair, which was of a fine black, slightly sprinkled with gray, was worn long and smoothed back, falling in thick curls over his neck and reaching towards his shoulders. He wore a black sack coat, black pantaloons, a dark vest, a black silk handkerchief arranged like a loose military stock, with a standing collar, and a black cassimer cap upon his head. He received me very cordially after an introduction by Dr. Loir, and commenced the conversation in an easy manner by asking me whether his works were known in America. To this question I replied in the affirmative, and remarked that I was just reading his last work (the one alluded to above), with which he seemed gratified. He spoke of Dr. Physick, asked after Drs. Mott and Warren, and perhaps some other American surgeons. After a short general conversation, we rose to make room for others who had come, like myself, to gratify their curiosity with a sight of the veteran surgeon-in-chief of the French armies, and the intimate friend of Napoleon. On learning that I was going to leave France for my native country, he took my hand and pressed me to call on him again before I should leave Paris. This of course I cheerfully promised, and we bade him adieu.

Several days before my departure from Paris, I called again on Baron Larrey, according to promise. I was this time fortunate enough to find but one other visiter, one, however, who engrossed the whole conversation, and whose loquacity and silly attempts at flattery seemed to annoy the old gentleman not a little. This brave son of Esculapius, it appeared, had made a recent discovery of some mineral waters in the mountains of Sardinia, which in his own imagination would prove to be a perfect panacea. After some manifestations of impatience, the Baron succeeded in placing the door betwenn himself and his talkative visiter, when he turned round to me with a smile, and observed—"That man certainly thinks the millennium will be the consequence of his discovery." Baron Larrey expressed a high regard for Dr. Physick's surgical skill, but said that he was highly censurable for not having given his experience to the world, adding that he could only account for this neglect upon the supposition that Dr. P. was too much engaged with the desire to amass wealth. To this I objected, by stating a fact which I obtained from a source that I considered reliable. Dr. Physick devised to his coachman a moderate sum, perhaps three or four thousand dollars, and directed the amount to be paid out of his book-accounts, *provided that sum could be collected.* It turned out that his executors found the large sum of fifty thousand dollars available from this source. An avaricious man would undoubtedly have stood better informed on the subject of his accounts.—Suddenly rising from his seat and pointing to the five volumes of his "Clinique Chirurgicale," Baron Larrey said—"There's what cost 25,000 francs; but the booksellers have all, and Baron Larrey has nothing." Then taking from the shelf the last volume of his Clinique, he opened out the beautiful plates, and in a sprightly manner, and with an air of pleasantry, commenced a commentary on the cases, pointing out the most curious circumstances attending them. "There," he would say," is a case that occurred in Spain; here is one that I saw in Egypt; here is another that I witnessed in Russia, in Italy, in Germany, &c. &c. Here are cases that required the most delicate operations and the most assiduous care; such and such cases were cured, and then the subjects did me the favor to die at the Hotel of the Invalids, and I had an opportunity of examining the parts, and making preparations of them, from which these drawings were taken." Finally coming to a case, he observed—"Here is a very interesting case, but I could have no drawing made, because the preparation was stolen by one of your countrymen. I suggested whether there might not be an error as to the country that should bear the reproach of such an outrageous depredation. He persisted, however, that the purloiner was an American, and I could only reply, that should I ever be able to verify it, I would certainly arrest it as Baron Larrey's leg and send it to him without fail. After giving directions on a card (with his autograph appended at my request) for the delivery, in this country, of several copies of his last work, he dismissed me in the kindest manner with the French salutation on both cheeks.

Reading, Pa., Feb. 14, 1850. J. P. H.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 27, 1850.

Cure of Stammering.—A discovery of immense consequence to those who have not the power of ready articulation, seems to have been recently made, or else an old practice has been revived. Mr. Kingsbury, from some part of Maine, is practising the art in Boston. In the presence of several medical gentlemen, last week, an inveterate stutterer was enabled, at once, to converse easily and smoothly. Mr. Kingsbury comes recommended by very prominent names in all the walks of life. If the applicant receives no benefit, he requires no compensation. We are restrained from discussing the physiological principles upon which this extraordinary treatment is based, but it is pretty certain that it cannot long be kept a secret.

Theoretical and Practical Midwifery.—Those who are conversant with the leading authorities of the day, are no strangers to the name of CAZEAUX—a Parisian author of celebrity. His elaborate treatise on *Theoretical and Practical Midwifery, including the diseases of pregnancy and parturition*, has been translated by Robert P. Thomas, M.D. &c., illustrated by 117 drawings, plates and plans, and published by Lindsay & Blakiston, Philadelphia. It is a beautifully finished volume, of 765 pages. Dr. Thomas, with becoming gratitude to his eminent friend, Samuel Jackson, M.D., Professor of the Institutes of Medicine in the University of Pennsylvania, has dedicated the work to him.

In 1841, such was the reputation of the first edition in France, that it was adopted by the Royal Council of Public Instruction. No change of times, or increase of similar efforts by others, has changed the general sentiment in regard to its high merits. The translator is desirous of directing the careful attention of the reader to that division which treats of the mechanism of labor. The work is arranged under five distinct parts. I. Organs of the female considered. II. Generation. III. Of labor in general. IV. Dyslochia. V. Delivery and After-Birth. Minor details are by no means necessary, beyond remarking that these five natural subdivisions embrace, systematically, every conceivable circumstance and condition, appertaining to the whole field of scientific obstetricy. Brought down to the latest period, whatever is new, useful or suggestive, has been faithfully incorporated with the text, and hence it is perfectly admissible to pronounce this Americanized system of Theoretical and Practical Midwifery, worthy of patronage.

Pure Cod-liver Oil.—One of the mooted questions of the day, with medical men, as well as with patients, is, by what infallible criterion is the true cod-liver oil to be designated from other fish oils? Since no test has been determined upon, there can be no hesitancy in giving full weight to the moral characters of those engaged in the manufacture of this great modern remedy. It is no small gratification, in this medicine-taking, drug-cheating age, to know that New England can point to those who prize a good name more than dishonestly gained profits. Among those who have favored us with specimens of the cod-liver oil, is Mr. R. Preston, a druggist of Newburyport, Mass. His sample is admitted by those apothecaries and physicians in this city who have examined it, to be apparently fine in all respects. "Aware of many adulterations in the market," says Mr. Preston, "I prefer to manufacture the oil myself, in order to satisfy others that I have nothing but the genuine and pure article." Those eminent druggists, Messrs. Brewers, Stevens & Cushing, and Stimpson & Read, of Boston, and Drs. Cheever and Boardman, of Newburyport, are the best of references, and we trust Mr. Preston may be liberally encouraged in the excellent course he is pursuing, with reference to supplying the sick with true medicinal oil.

Colossal Tumor—Surgery in India.—A gentleman of this city has sent the following intelligence, which he cut from a recently received Calcutta paper. The opinion expressed by Dr. Esdaile, respecting etherization, is of no value whatever. He is the Sunderland of India, in regard to mesmerism—the man who is trying to establish an animal magnetism hospital!

"An operation was performed, on Saturday afternoon, by Mr. Joseph, the Surgeon, in the presence of Drs. Pest, Burn, Bremner, Yoill, and other gentlemen of the medical profession, for the removal of an enormous scrotal tumor, between sixty and seventy pounds in weight, from the body of a Mahomedan, about forty years of age, following the calling of a boatman. The patient having been reduced to insensibility by the use of choloroform, the operation was commenced, and performed with skill and expedition—no return to consciousness taking place during its progress. After all was over, the man revived, said he felt relieved, and was put to bed. Much exhaustion and 'sinking' were, however, apparent, and in about half an hour, we believe, he breathed his last.

"In this case no blame was due to the operator, who performed his task in a most masterly manner; nor was the fatal result owing to any immediate effect produced by the chloroform, the influence of which went off long before the man's death ensued. We cannot help being reminded, however, that Dr. Esdaile, of the Calcutta Mesmeric Hospital, has put on record his distinct and emphatic opinion that in all operations of a severe nature, or attended by considerable hemorrhage, it is highly dangerous to exhibit narcotics with the view of suspending sensation."

Missionary Physicians.—Possibly some of our readers may be gratified by knowing the names and locations of American physicians, connected with the American Board of Commissioners for Foreign Missions, whose office is in Pemberton Square, Boston. Letters from that office are invariably forwarded by the earliest conveyances. The names and residences are as follows. Newton Adams, M.D., stationed at Umlazi, South Africa. Henry A. DeForest, M.D., at Beirut, Syria. Azariah Smith, M.D., Aintab, Western Asia. C. V. A. Van Dyck, M.D., Abeih, Syria. Austin A. Wright, M.D., Ooromiah, Persia. John Scudder, M.D., Black Town, Madras, Southern Asia. Dr. Charles S. Shelton, East Madura, Southern Asia. Samuel F. Green, M. D., Manepy, Ceylon. Dyer Ball, M.D., Canton, China. Charles H. Wetmore, M.D., Hilo, Sandwich Islands. Dwight Baldwin, M.D., Lahaina, do. James W. Smith, M. D., Koloa, do. Seth L. Andrews, M. D., Waiola, do. In America, Elizur Butler, M.D., at Dwight, Cherokee Nation of Indians, and Thomas S. Williams, M.D., Kaposia, Sioux Nation. Other physicians are connected with other missionary organizations.

Facts in regard to the character of diseases, epidemics, endemics; those connected with natural history, ethnology, bibliography and antiquities, and new unique specimens, are often attainable through these gentlemen, in the far off countries in which they reside.

Bone Cancer.—Under this term is related the case of a lady who died not long since at the city of Washington, at the age of fifty-four.

"Twelve years ago she was suddenly attacked with a pain in one of her feet. It grew worse. The usual remedies failing, the skilful services of the late Doctor Thomas Sewall were obtained. Months and years rolled on. Her physician invited additional medical talent. The case assumed a singular character. Many members of the faculty of this city, and occasionally distinguished members from other places, were afforded opportunities to examine the case. But, notwithstanding all, the disease gradually and unceasingly penetrated the entire system ; bone after bone left its position and worked out through the flesh; while some parts of her body seemed to undergo quite a transformation. Dr. Sewall styled it a 'bone cancer.' It was literally such. He also stated to the writer that during his tour of observation through Europe (a short time previous to the conversation), he had found but one single, solitary parallel case to this. Within the last few months all eruption had disappeared, but it was apparent that the disease had taken deep hold on the vitals. She gradually lost her appetite—then it became impossible for her to partake of any kind of diet without extreme suffering. Thus, under excruciating pain, unprecedented in the annals of medicine, did Mrs. D. linger without a favorable symptom from the first moment of attack. It is remarkable, however, that she retained almost uninterrupted possession of her faculties, and with a clear, intelligent mind, would distinctly describe her sufferings, and complacently exhibit to her friends her mutilated form."

We should like some more particular description of this singular case.

Planetary Influences in producing Epidemics.—John S. Bowron, M.D., late Commissioner of the State of New York in reference to Hospitals, has addressed seven letters to Joseph M. Smith, M.D., Professor of Theory and Practice in the University of the State of New York, on the *Planetary and Celestial Influences in the production of Epidemics, and on the nature and treatment of Disease.*

Before long some one will think it worth while to enlighten the world with a profound analysis of moonshine. There is certainly something in the composition of the pale rays of that reflecting body, that would puzzle a brahmin, and hence the importance of subjecting the intangible elements to the severest scrutiny of some giant intellect at once. "I shall," says the writer of these seven letters, "endeavor to show that many doctrines taught by the ancients, but discarded by modern teachers of medicine, embrace important principles of medical philosophy, essentially necessary to a correct understanding of the etiology of epidemics." Then follows some sage observations on the constellations of the zodiac, the rising of sirius, the Nile, the evil potency of scorpio, &c. We commenced by feeling a limited degree of interest in these letters of ominous number—the mystical seven ; but when, at the 54th page, the cat was accidentally let out of the bag by the discovery that Dr. Bowron bows with reverence before the idol-calf mesmerism, this interest was, in a great measure, dissipated. Notwithstanding the undeniable fact that Dr. Bowrön shows himself to be extensively read, and withal a deep thinker, and desirous of profiting by all the indications of nature, he has made too much of a flight in going from this earth to celestial regions for influences which unquestionably exist nearer home. Finally, the seven letters throw no new light, to our apprehension, on the subject of the production of epidemics, although they are good specimens of literary research—if in this research the author had not been needlessly groping in the blackness of darkness.

Dr. Bigelow's Introductory.—Our readers will recollect that H. J. Bigelow, M.D., is the successor of the celebrated John C. Warren, in the Chair of Surgery in the Boston School of Medicine. All the high anticipations of his friends have been realized. A copy of his first lecture, just issued, exhibits his appreciation of the vast responsibilities of his position, and his literary and scientific qualifications for a career of usefulness and renown. We like the open, candid manner of saying in his lecture what has occurred and what may occur in surgery. The fact is, there is so much to excite wonder in regard to the resources of nature, in her operations, that it is pretty certain he is the best practical surgeon, who discovers modes of avoiding operations. The lecture is excellent.

Dr. Drake's Introductory.—Although this opening discourse has been some days on hand, it has not yet received that thorough perusal which its character demands. The author is extensively known for his readiness in writing, his power of description, and his energy. Many of our western brethren manifest a peculiar earnestness in their writings, which creates enthusiasm in those who study them. It matters not on what subject their powers are concentrated, the result is generally the same; an impression is made that is not easily effaced.

Medical Miscellany.—The population of Russia in Europe, according to the last census just made, amounts to 54,092,200 inhabitants.—In California, 20 lbs. of calomel sold for $25,000.—A man at Hagerstown, Md., raised by coughing a nut shell that had been a year in the lung, wholly beyond the reach of surgical assistance.—Cases of yellow fever exist in Brazil.—Measles has proved very troublesome in the country.—Cases of smallpox are developed at various points in New England.—An unusual amount of sickness has prevailed in Marshall Co., Indiana, the past winter—mostly enteric or typhoid fever, and of the most malignant kind. The Vapor Bathing Institution, Cambridge St., in Boston, under the control of Drs. Miles & Fogg, appears to meet the approval of practitioners generally.

To Correspondents.—A paper on the treatment of the respiratory passages, and one on aneurism, have been received.

Married,—At Pittsfield, Mass., Franklin A. Cady, M.D., to Miss Day.—At Leominster, Mass., Dr. G. W. Pierce, to Miss Balch.

Died,—At Staten Island, N.Y., Dr. M. L. Taft, Assistant Surgeon of the Marine Hospital, 29.—At Sea, going from San Francisco to Panama, Dr. Reed, of Worcester, Mass.—At Burlington, N. J., Dr. J. R. Jones, killed by the accidental discharge of a gun—Dr. J. R. McNairy, Superintendent of the Lunatic Asylum, Tenn.—At Lockport, Ky., Dr. Henry Dewey, formerly of Vermont, 44.—At Dover, N. H., Dr. Joseph B. Smith, 28.

Deaths in Boston—for the week ending Saturday noon, February 23, 89.—Males, 45—females, 44. Inflammation of the bowels, 2—inflammation of the brain, 2—bronchitis, 1—consumption, 13—convulsions, 2—canker, 2—cancer, 2—croup, 5—child-bed, 1—debility, 1—dysentery, 1—dropsy, 2—dropsy of the brain, 4—erysipelas, 3—typhus fever, 1—typhoid fever, 3—scarlet fever, 2—lung fever, 4—rheumatic fever, 1—hooping cough, 1—disease of the heart, 1—intemperance, 1—infantile diseases, 9—inflammation of the lungs, 3—congestion of the lungs, 1—marasmus, 1—measles, 1—old age, 3—palsy, 2—spine disease, 1—smallpox, 5—teething, 4—disease of throat, 1—worms, 2—unknown, 1.

Under 5 years, 48—between 5 and 20 years, 8—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 10. Americans, 44; foreigners and children of foreigners, 45.

Importance of Temperance in Tropical Climates.—Dr. E. H. Barton, of New Orleans, in his Sanitary Report of that city to the American Med. Association, speaks thus of the value of temperance as a protection from epidemics, as well as diseases in general, in warm climates.

"It is now a well-established fact that incarceration in prison most fully protects the inmates from the yellow fever. Insulation can act only in one way; it protects from disease by controlling the *habits of the individual*, subjecting him to that course of regimen prescribed by the rules of the place, utterly incompatible with any kind of intemperance.

"'In Mexico, the same immunity occurred with those incarcerated during the prevalence of cholera; and, from the *same cause*, scarcely a case occurred among the temperate in its present visitation in New Orleans.'

"In all these cases, then, the same air is breathed by all, and they constitute a very fair test of the influence of the climate upon individuals who live regular, prudent, and temperate lives. I believe such is its actual influence on the mass of those here who pursue such rules as a guide of life.

"Temperance is a common virtue in nearly all tropical countries; stimulants of various kinds are used, but they are not of the diffusible character of alchoholic drinks, being mostly of the class of condiments, supporting the action they excite. Mortality too soon follows in the footsteps of the inebriate for the natives of hot countries not to see the graves they would be thus digging for themselves: it is then mostly confined to the emigrants from northern nations who come to this country with the additional vigor of a more rigorous climate, who are alone able to stand it long; and with them, the mortality is greatly increased thereby. It is in vain to say—by those fond of indulging themselves—in the face of all these facts, that the free liver does not hasten his end. Thirty years' experience here, and in other more tropical regions, convinces me of its truth. All records go to prove it. My contemporaries know full well, though this kind of life gives an appearance of fine ruddy health, that these appearances are deceptive; that they do not last many years; that ere long the system shows unequivocal signs of sinking, either by the occurrence of some form of stomach or bowel-complaint—by apoplexy, palsy, or some congenerous ailment, indicating the wearing out before their time of the organs essential to life.

"These are unpalatable and unpopular truths; but to my profession belongs the important, though disagreeable task, as sentinels on the watch-tower of health, not only to point out the mode of curing, but often the more important one to communities, to indicate, for the sake of avoidance, the source of danger. To my personal knowledge, the medical profession here for the last thirty years has done its duty, and done it at every hazard to fame, to life, and to profit; and if their advice had been followed, New Orleans this day would be nearly as long ahead of its present destiny. It was the opinion of our distinguished countryman, Dr. Rush, that the medical profession was about twenty to thirty years ahead of the public, in information in relation to health; in *that time*, the public usually becomes sufficiently enlightened to estimate the value of hygienic laws, observances, and improvements, from time to time recommended by the profession. If a present outlay of a few thousands is more valued than human life, that outlay will be more than tenfold repaid by the increased value of property, by increased population, and by a vast addition to our comforts."